## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

SOPYIP

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			32 29				ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ì	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			32 minus 20=		. 12		İ	X\$ 9=		OR	X\$18=	216	
INDEPENDENT CLAIMS			# minus 3 =					X40=		OR	X80=	80	
MUI	TIPLE DEPEN	DENT CLAIM P	RESENT		<b>,</b>	Ū		+135=		OR	+270=	2-70	
* If	he difference i	in column 1 is	less than zero	an zero, enter "0" in column 2				TOTAL		OR	TOTAL	1276	
	CI		AMENDED	ENDED - PART II				SMALL ENTITY			OTHER THAN SMALL ENTITY		
		(Column 1) CLAIMS		(Colui		(Column 3)	1 1	SIVIALL		OR I I	SWALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	*	Minus	***	T CLAIM	=		X40=		OR	X80=		
	FINST PRESE	NTATION OF IV	IOLITPLE DEF	ENDEN	CLAIN		j	+135=		OR	+270=		
								TOTAL		OR	TOTAL		
		(Column 1)		(Calı	ımn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE		
Г	77.78.80 MM	CLAIMS		HIG	HEST		۱ ۱		ADDI-	l	<del></del>	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						٤	405		1	.070		
								+135=		OR	+270= TOTAL		
								TOTAL ADDIT. FEE		OR	ADDIT. FEE		
i		(Column 1)			ımn 2)	(Column 3	)						
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		≟		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	+	Minus	***	IT OLAIS	=	4	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR			
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nu	mber Previously I	Paid For" (Total o	r Indepe	ndent) is th	ne highest num	ber fo	ound in the ap	opropriate be	ox in c	olumn 1.		